

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/696 570 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		X	
2	1					
3	1					
4	1					
5	2		1	1		
6	2		2	1		
7	2		2			
8	2		2	1		
9	2		2	1		
10	2		2	1		
11	2		2	1		
12	2		2	1		
13	2		2	1		
14	2		2	1		
15	2		2	1		
16	2					
17	1		1	1		
18	2		2	1		
19	2		2	1		
20	①		①	1		
21	2		2	1		
22	1					
23	1					
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1		1			
43	1		1			
44	1		1		1	
45	1		1		1	
46	1		1		1	
47	1		1		1	
48	1		1	1	1	
49	1		1	1	1	
50	2		2			
TOTAL IND.	12		4		30	
TOTAL DEP.	66		50		10	
TOTAL CLAIMS	78		54		48	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS